

Fee-for-Service Behavioral Health

Indiana Health Coverage Programs
Gainwell Technologies
IHCP Works Seminar October 2022



Agenda

- Psychiatric Therapy
- Substance Use Disorder (SUD)
- Crisis Intervention
- Intensive Outpatient Therapy (IOT)
- Peer Recovery Services
- Applied Behavior Analysis (ABA)
- Child Mental Health Wraparound (CMHW)
- Medicaid Rehabilitation Option (MRO)
- Opioid Treatment Program
- Other Services
- Basic Reminders
- Helpful Tools
- Questions



Psychiatric Therapy



Psychiatric Therapy

Rendering providers have the option to register on the IHCP Provider Healthcare Portal for maintenance and update capabilities

- Social Security number
- Date of birth
- Licensure information
- Name changes
- Specialty changes

The screenshot displays two side-by-side panels. The left panel, titled 'Login', contains a text input field for '*User ID', a 'Log In' button, and two links: 'Forgot User ID?' and 'Register Now'. The right panel, titled 'Registration', prompts the user to 'Select one of the following options that best describes your role.' Below this is a 'Provider' option, which includes an icon of a person with a red cross and the word 'Provider' underneath. A descriptive text block follows: 'A Provider is an individual, state or local agency, corporate, or business entity that is enrolled in one or more of the Indiana Health Coverage Programs (IHCP) as a provider of services.' A red arrow originates from the 'Register Now' link in the Login panel and points to the 'Provider' registration option in the Registration panel.

Login ?

*User ID


Log In

[Forgot User ID?](#)

[Register Now](#)

Registration

Select one of the following options that best describes your role.


Provider

A Provider is an individual, state or local agency, corporate, or business entity that is enrolled in one or more of the Indiana Health Coverage Programs (IHCP) as a provider of services.

Psychiatric Therapy

Licensed practitioners are able to enroll under their individual National Provider Identifier (NPI).

Benefits include:

- No longer need Health Service Provider in Psychology (HSPP)/Physician involvement
- Authority to sign off on treatment plans
- Certify the diagnosis
- Request authorizations
- Provide services via Telehealth
 - Telehealth Billing guidelines
 - ✓ POS 02 – Telehealth provided other than in patient's home
 - ✓ POS 10 – Telehealth provided in the patient's home
 - ✓ Modifier 95 – Synchronous telemedicine service rendered via real-time interactive audio and video
 - ✓ Modifier 93 – Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system



Psychiatric Therapy

Prior Authorization (PA) is required for certain services that exceed 20 units per member, per billing or rendering provider, per rolling 12-month period.

- Procedure codes subject to 20 units per rolling year:
 - 90785
 - 90832- 90834
 - 90836- 90840
 - 90845- 90849
 - 90853
 - 90855
 - 90857
 - 90899
- Providers must track visits internally and submit PA requests prior to 21st visit.
 - Retroactive authorizations may not be accepted.

Psychiatric Diagnostic Evaluations – 90791, 90792 – are limited.

- Two units allowed when member is separately evaluated by physician/
HSP/Advance practice registered nurse (APRN) and a licensed practitioner
 - Additional evaluations require prior authorization



Residential Substance Use Disorder (SUD)



SUD Provider Criteria

Provider Criteria

- Must meet and be certified by Division of Mental Health and Addiction (DMHA)
- Enroll as a billing provider type 11, specialty 836
- Physician, Physician Assistant, or Advanced Practice Registered Nurse (APRN) must see member face to face every seven days
- Billing submitted on professional claim form
- Paid on a per diem reimbursement methodology



SUD Member Criteria

Member Criteria

- Addiction diagnosis must be primary
- Applies to all programs and benefit plans including Presumptive Eligibility, with the exception of:
 - Package E – Emergency services only
 - Emergency Services Only with Pregnancy Coverage (Pkg B)
 - Family Planning Eligibility Programs – Only pays for family planning services
 - Qualified Medicare Beneficiary (QMB) Only – Only pays for Medicare coinsurances/deductibles
 - Specified low-income Medicare beneficiaries (SLMB)



SUD

Treatment Services

- Short-term, low- and high-intensity residential treatment
 - Average length is 30 calendar days
- Settings of all sizes, including Institutions for Medical Disease (IMD)
- PA required for all stays
- Reimbursed on per diem basis:
 - H2034 U1 or U2 – Low-intensity residential treatment – does not bypass Medicare
 - H0010 U1 or U2 – High-intensity residential treatment – does bypass Medicare



Physician visits and physician-administered drugs are separately reimbursed.



SUD

Prior Authorization (PA) Request Requirements

- Residential or Inpatient SUD treatment prior authorization request form
- Initial assessment for SUD treatment admission
- Reassessment form for continued SUD treatment
- All necessary documentation to demonstrate medical necessity
- PA requests must include U1 or U2 modifier



Crisis Intervention

Crisis Intervention

Crisis intervention is available to all members

- Crisis intervention is a short-term emergency behavioral health service, available 24 hours a day, 7 days a week.
- Crisis intervention does not require prior authorization.
- Crisis intervention is billed in 15-minute increments using procedure code H2011 - *Crisis intervention service, per 15 minutes*.



Intensive Outpatient Therapy (IOT)



IOT Provider Qualifications

The following providers are authorized to deliver IOT:

- Licensed professional
- QBHPs – Qualified behavioral health professionals
- OBHPs – Other qualified behavioral health professionals

A licensed addiction counselor (LAC) or licensed clinical addiction counselor (LCAC) is no longer required to be a direct service provider when IOT services are provided to a member with a SUD diagnosis.

Intensive Outpatient Treatment (IOT)

IOT operates at least three hours per day, at least three days per week for the rehabilitation of drug/alcohol use or severe mental health diagnosis in a group setting available for all ages.

Each three-hour session must include two hours of the following:

- Group, Family or Individual therapy
- Skills training
- Medication training
- Peer recovery services
- Care Coordination
- Counseling

IOT is billed as one unit for each three-hour program per day.

Intensive Outpatient Treatment (IOT)

The IHCP requires the provision of at least 120 minutes of therapeutic interventions per three-hour session.

Example: Individual, Family or Group therapy

H0015

CMS 1500 Professional Claim

OR

Revenue Code 906

UB04 Institutional Claim

- Chemical dependency
- Requires prior authorization

S9480

CMS 1500 Professional Claim

OR

Revenue Code 905

UB04 Institutional Claim

- Psychiatric
- Requires prior authorization

Procedure codes are not allowed when billing revenue codes 905 or 906.
Rev codes will be considered stand-alone and will be reimbursed at a flat rate per day.

Peer Recovery

- Peer recovery services are available without prior authorization, up to 365 hours (1,460 units) per rolling 12-month period
 - Additional units may be authorized via the PA process
 - Procedure code H0038 – Self-help/peer service, per 15-minute increments
 - HW modifier no longer required



Peer Recovery

- Individuals providing peer recovery services must be under the supervision of one of the following practitioners:
 - Physician (such as a psychiatrist)
 - HSPP • Licensed psychologist
 - Independent practice school psychologist
 - LCSW • LMFT • LMHC • LCAC
 - Physician assistant
 - APRN, as defined in 405 IAC 5-20-8-2
 - Individual with a master's or doctoral degree in any of the following disciplines:
 - Social work from a university accredited by the Council on Social Work Education
 - Mental health counseling from an accredited university
 - Marital and family therapy from an accredited university



Applied Behavior Analysis (ABA)



ABA Therapy Provider Criteria

Provider must be an IHCP enrolled provider type 11 (mental health) with specialty of 615 (Applied behavioral analysis therapist)

Rendering providers must have a National Provider Identifier (NPI)

- HSPP- Health service provider in psychology
- BCBA- D- Board certified behavioral analyst- doctoral
- BCBA- Board certified behavioral analyst- masters level
- BCaBA- Board certified behavioral analyst-bachelors level
- RBT- Registered behavioral technician – cannot enroll as a rendering provider/must be supervised

ABA Therapy

The member must meet all the following criteria:

- Diagnosed with Autism Spectrum Disorder (ASD) by a qualified healthcare provider, defined as one of the following:
 - Licensed physician (including licensed psychiatrists and pediatricians)
 - Licensed HSPP
 - Other behavioral health specialist with training and experience in the diagnosis and treatment of ASD
- Has had a comprehensive diagnostic evaluation that meets both the following:
 - Uses the most recent version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) at the time of the evaluation
 - Includes a recommended treatment referral for ABA therapy services



ABA PA Documentation Requirements

Documentation must describe an individual treatment plan developed by a licensed or certified behavior analyst and include all the following:

- The identified behavioral, psychological, family, and medical concerns
- Measurable short-term, intermediate, and long-term goals that address the behaviors for which the intervention will be applied
- Plans for parent/guardian training and school transition
- Certification that ABA services will be developed and delivered by a provider who is licensed or certified as a behavior analyst



ABA Therapy Prior Authorization

- All ABA therapy requires prior authorization (PA)

PA requests must include:

Individual treatment plan and supporting documentation

Number of hours requested with supporting documentation

- Limited to 40 hours per week for three years
- Additional services beyond three years may be prior approved if medically necessary

- PA requests for continued ABA therapy will not be approved for longer than a six-month duration and must include an updated treatment plan with the appropriate supporting documentation, as required.



Child Mental Health Wraparound (CMHW)

Child Mental Health Wraparound

Provider criteria:

- Must be DMHA certified as individual (Respite Only) or agency/group
- Must enroll as individual or group depending on DMHA certification
- Must have NPI specific to certification type
- Provider type 11, Specialty 611- no subspecialties

Group providers:

- Must screen potential employees/contractors to verify they are not an excluded individual
- Habilitation & Caregiver training- requires one licensed rendering/supervisor
 - Non-licensed no longer required to enroll
- Wraparound facilitation does not require licensed rendering/supervision

Individual providers:

- Respite only- unlicensed staff required to enroll as renderings



Medicaid Rehabilitation Option (MRO)



MRO Services

MRO services include community-based mental healthcare for individuals with serious mental illness, youth with serious emotional disturbance, and/or individuals with substance use disorders

- Specific to Community Mental Health Centers (CMHC)
- Aligns with Behavioral and Primary Healthcare Coordination (BPHC)
- MRO members acquiring BPHC during the MRO segment will have the BPHC units prorated to align with the MRO package end date
- Members with an MRO package that has an end date transition to Adult Mental Health Habilitation (AMHH) the following day
- Members cannot have an MRO package and receive AMHH services on the same day



Opioid Treatment Program (OTP)



OTP

Enrollment

OTPs that want to bill for the administration of methadone and other related services:

- **Must be separately enrolled as a provider type 11- with only the single Specialty 835 – Opioid Treatment Program**
- Must have:
 - Drug Enforcement Administration (DEA) license
 - DMHA certification



OTP billable codes can be found at [OTP Code Sets](#)



OTP Bundled Rate

Reimbursement is on a daily bundled rate (H0020) and includes:

Daily

- Oral medication administration direct observation
- Methadone
- Pharmacologic management

Monthly

- Drug Testing
- Specimen collection and handling

Every 90 days

- Office visit

Weekly

- One hour of case management

As Needed

- Hepatitis A, B, and C testing
- Pregnancy testing
- Tuberculous testing
- Syphilis testing
- Complete blood count

As required by DMHA

- Group or individual psychotherapy

Covered services outside the bundled per diem must be billed under the Outpatient Mental Health Clinic enrollment

Members can receive IOT services simultaneously with OTP services – refer to [BR202216](#)



Other Services



Adult Mental Health Habilitation

Adult Mental Health Habilitation (AMHH) services are indicated as a service alternative for members who have achieved maximum benefit from MRO services and whose needs can be met through habilitation

- The eligibility age is 19 years and older
- The required Adult Needs and Strengths Assessment (ANSA) score is three and above
- The member will be assigned a service package

Annual Depression Screening

The IHCP covers procedure code G0444 – *Annual depression screening, 15 minutes*

- Service is limited to one unit per member, per billing/rendering provider, per rolling 12-month period
- PA is not required
- Providers are expected to use validated, standardized tests for the screening

Partial Hospitalization

Partial hospitalization programs are highly intensive, time-framed medical services intended to provide a transition from inpatient psychiatric hospitalization to community-based care or, in some cases, substitute for an inpatient admission.

- The program is highly individualized, with treatment goals that are measureable, functional, time-framed, medically necessary, and directly related to the reason for admission
- Programs must include *four to six hours* of active treatment per day and must be provided at least *four days a week*

Psychiatric Residential Treatment Facility (PRTF)

The IHCP reimburses medically necessary services in a PRTF provided to children younger than 21 years of age

Admission criteria:

- Mental disorder is severe
- Family functioning or social relatedness is seriously impaired
- Illness is subacute or chronic in nature
- Member's behavior has disrupted their placement in the school, family or group residence
- Disorder impairs safety, such as threat to harm others

All PRTF services require PA

Basic Reminders



Change in Coverage

Coverage can change – for example, from FFS to managed care, or from one managed care entity (MCE) to another

Member's new Prior Authorization (PA) contractor must honor all existing PAs for one of the following durations, whichever comes first:

- The first 30 calendar days, starting on the member's effective date in the new plan
- The remainder of the PA dates of service
- Until approved units of service are exhausted



Presumptive Eligibility (PE)

- Hospitals, Community Mental Health Centers (CMHC), Federally Qualified Health Centers (FQHC), and Rural Health Centers (RHC) can do PE enrollment for members in need of mental health services
- Adult PE members are covered under the Fee-For-Service (FFS) plan. Claims go to Gainwell Technologies.



Medicaid Rehabilitation Option (MRO) coverage is only offered to women while enrolled in Presumptive Eligibility for Pregnant Women



Helpful Tools

Provider Assistance

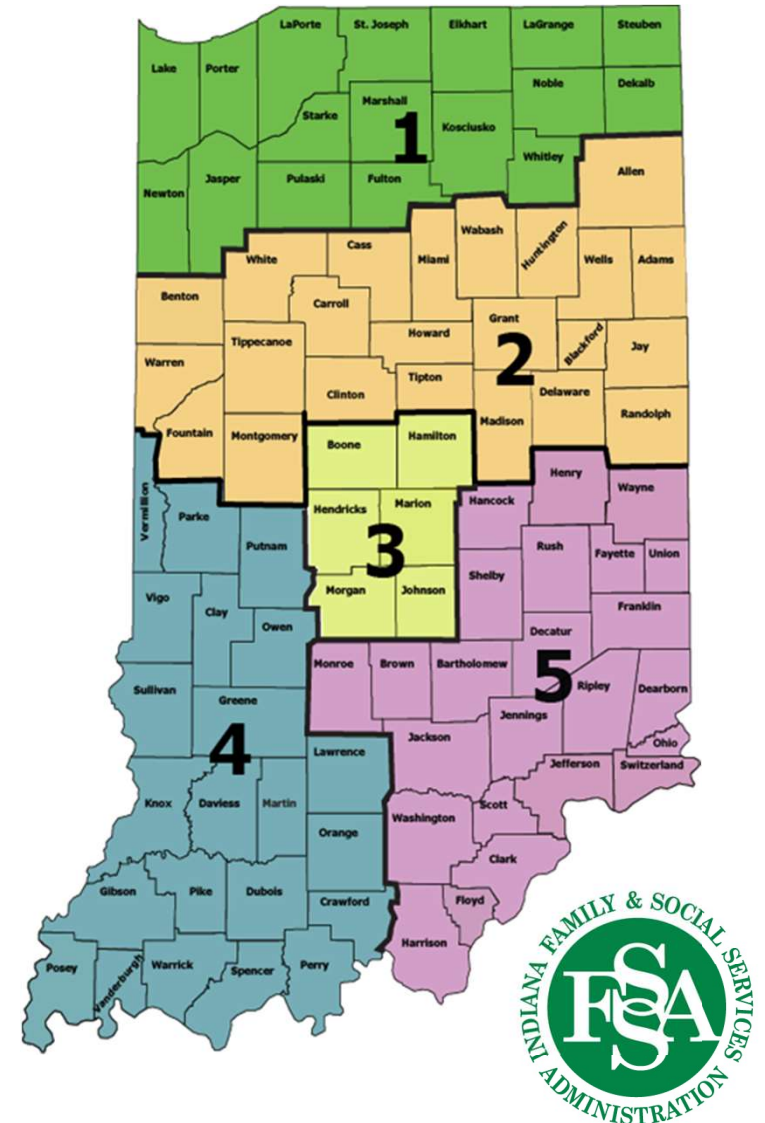
Your provider relations consultant can:

- Assist you with claim denial issues
- Provide free IHCP Portal Training
- Assist you with the enrollment or revalidation process
- Assist you in understanding member eligibility
- Conduct 1:1 virtual or in-person onsite training and provider workshops
- Help you in Navigating the IHCP Provider website/modules



Provider Relations Team

| Region | Consultant | Telephone | Counties Served |
|--------|---|--------------|--|
| 1 | Jean Downs (F) Katie Grause (I) inxixregion1@gainwelltechnologies.com | 317.488.5071 | Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley |
| 2 | Shari Galbreath (F) inxixregion2@gainwelltechnologies.com | 317.488.5080 | Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White |
| 3 | Crystal Woodson (F) Jeannette Curtis (I) inxixregion3@gainwelltechnologies.com | 317.488.5321 | Boone, Hamilton, Hendricks, Johnson, Marion, Morgan |
| 4 | Jenny Roberts (F) Emily Redman (I) inxixregion4@gainwelltechnologies.com | 317.488.5153 | Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick |
| 5 | Tami Foster (F) Jen Collins (I) inxixregion5@gainwelltechnologies.com | 317.488.5186 | Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne |



Helpful Tools

IHCP Provider website at in.gov/medicaid/providers:

- Provider References > IHCP Provider Reference Modules
- Contact Information > Provider Relations Consultants

Customer Assistance:

- 800-457-4584
- Live assistance available Monday–Friday,
8 a.m. – 6 p.m. Eastern Time

Secure Correspondence:

- Via the Provider Healthcare Portal
 - Registered account required.
 - After logging in to the Portal, click **Secure Correspondence** to submit a request.



Questions

